

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

Steps To Determine the Medicaid Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. This fee schedule includes only selected procedure codes. A listing of all procedure code unit values is available from HHS.

Note: For procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedure Terminology (CPT).

2. LOCATE THE "UNIT VALUE" FOR THE PROCEDURE CODE. Unit values are listed to the right of the procedure code. Unit values do NOT represent dollar amounts. If "BR" or a specific dollar amount is listed, go to Step #6 for special pricing. (Unit values followed by (i) are interim values and are subject to change.)
3. DETERMINE THE "CONVERSION FACTOR" FOR THE TYPE OF SERVICE. The applicable conversion factors are listed on each fee schedule page.
4. MULTIPLY THE "UNIT VALUE" BY THE "CONVERSION FACTOR".
5. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.
6. SPECIAL PRICING. Certain procedure codes will not have a unit value:
 - A. Some procedure codes will have actual dollar amounts listed. The dollar amount listed is the fee schedule allowable. No further calculations are required.
 - B. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review.
 - C. "RNE" (Relative Value Not Established) Procedures denoted "RNE" in the unit value column indicates a procedure which is new or uncommon. These procedures must be justified by submitting a report with the claim that references the procedure. Upon review, reimbursement is paid at a reasonable rate.
7. SERVICES NOT COVERED BY MEDICAID. Not all procedures are covered by Medicaid. Procedures listed as "Not Covered" are not payable by Medicaid.

Note: This fee schedule includes a rate increase effective July 1, 2005.

Conversion Factor prior to 7-1-2005 = \$3.48.
Conversion Factor effective 7-1-2005 = \$3.55

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CPT CODE	UNIT VALUE	CPT CODE	UNIT VALUE
92506	14.7 (each 30 minutes)	92579	7.0
92507	9.0 (each 30 minutes)	92582	3.0
92508	4.5 (each 30 minutes)	92583	3.0
92510	25.5	92584	13.5
92551	3.5	92585	30.0
92552	3.5	92586	27.0
92553	5.0	92587	12.0
92555	2.5	92588	17.5
92556	5.0	92589	5.0
92557	11.0	92590	11.0
92559	3.5	92591	16.5
92560	2.0	92592	4.0
92561	4.0	92593	6.0
92562	1.5	92594	4.0
92563	1.5	92595	6.0
92564	1.5	92596	6.0
92565	1.5	92597	21.0
92567	\$11.69 prior to 7-1-2005	92601	17.7 (i)
92567	\$11.92 effective 7-1-2005	92602	12.3 (i)
92568	2.0	92603	11.7 (i)
92569	2.0	92604	7.8 (i)
92571	1.5	92605*	Not Covered – See 92506
92572	1.6	92606*	Not Covered – See 92507
92573	1.6	92607**	16.6 (i)
92575	1.6	92608**	3.6 (i)
92576	1.6	92609**	8.3 (i)
92577	1.6	92610	17.5 (i)

* Procedure code not covered by Medicaid when provided by a speech pathologist or audiologist.

** Covered if speech generating device produces digital or synthesized speech.

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